Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 1-15, 2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCI	=		2. DATE SUBMITTED		Applicant Ider	Version 7/
1. TYPE OF SUBMISSION:						
Application	Pre-application	n	3. DATE RECEIVED B		State Applicat	
Construction	Ø Construct		4. DATE RECEIVED B	Y FEDERAL AGE	NCY Federal Identi	fier
Non-Construction APPLICANT INFORMATION	Non-Const	ruction				
egal Name:	·			Organizationa		
City of Taft	/*************************************			Department: Economic Dev	elopment	
Organizational DUNS: 120971288		DE	AND AND AND ADDRESS OF THE PARTY OF THE PART	Division:	,	
Address:			UEIVED			rson to be contacted on matter
Street: 209 E. Kern St.		SEE	0 3 2008	Prefix:	application (give are First Name:	a code)
City:		OLI	0 3 2008	Middle Name	Lucille	
City: Taft	ST	ATF C	EARING HOUSE			
County: Kern			-CARING HOUSE	Last Name Holt		
State: CA	Zlp Code 93268		and the second s	Suffix:		
Country: USA				Email: iholt@cityoftaf	Lora	
B. EMPLOYER IDENTIFICATION	ON NUMBER (E	IN):			(give area code)	Fax Number (give area code)
95-6000800	0			661-763-1222		661-765-2460
. TYPE OF APPLICATION:	-		_	7. TYPE OF A	PPLICANT: (See bac	k of form for Application Types)
☑ Ne Revision, enter appropriate le		ntinuatio	n 🔲 Revision	C. Municipal		
See back of form for description		\Box	П	Other (specify)		
Other (specify)			<u>.</u>		EDERAL AGENCY: elopment Administrati	on.
IO. CATALOG OF FEDERAL	DOMESTIC AS	SISTANC	E NUMBER:		IVE TITLE OF APPL	
TITLE (Name of Program):			11-300	Talt Airport Inc	dustrial Park	
12. AREAS AFFECTED BY PI	ROJECT (Cities	Counties	e States etc.	_		
Taft, South Taft, Taft Heights,	•		•			
13. PROPOSED PROJECT				14. CONGRES	SIONAL DISTRICTS	OF:
Start Date: 09/01/2009	Ending Date 08/01/2011	:		a. Applicant 22, McCarthy		b. Project 22, McCarthy
15, ESTIMATED FUNDING:	000172011			16. IS APPLIC		REVIEW BY STATE EXECUTIV
a. Federal	<u> </u>			ORDER 12372		NAPPLICATION WAS MADE
o. Applicant	· 		1,500,000	a. res. MZ_A\		TATE EXECUTIVE ORDER 12372
	,		1,488,767			VV ON
c. State	.		·	D#	NTE: 8/22/08	
1. Local	3		.00	b. No. 🔲 PF	ROGRAM IS NOT CO	VERED BY E. Q. 12372
Other .	3		00			OT BEEN SELECTED BY STATE
. Program Income	3		00		OR REVIEW PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	<u> </u>		2,988,767	Yes If "Yes	" attach an explanatio	n. 🖾 No
ATTACHED ASSURANCES IF	Y AUTHORIZED	BY THE	, ALL DATA IN THIS AI GOVERNING BODY OF	PPLICATION/PRE	APPLICATION ARE	
Authorized Representative Prefix	First Name			·	Middle Name	
vir.	First Name Robert				Suffix	
Gorson						
. Title City Manager					c. Telephone Number 661-763-1222	(give area code)
Signature of Authorized Rep	resentative/				e. Date Signed	
revious Edition Usable					i contract of the contract of	

Application for Fe	ederal Assista	nce SF-	424				Vers	ion 02
* 1. Type of Submission Preapplication X Application Changed/Correct		X Nev	w		Revision, select appropriate let	tter(s):		
* 3. Date Received:	pon submission.	******	ant Identifier:					
5a. Federal Entity Ident	lifier:			I.	5b. Federal Award Identifier			
State Use Only:	State Use Only:							
6. Date Received by Sta	ate:		7. State Application	lder	ntifier:			
8. APPLICANT INFOR	MATION:							
* a. Legal Name: Sou	thwestern CO	Llege						
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6006659			16	c. Organizational DUNS:				
d. Address:							<u> </u>	
Street2: * City: County: * State: Province: * Country:	00 Otay Lakes	Rd			CA: California USA: UNITED STATES		RECEIVE SEP 0 4 2008 STATE CLEARING HO	
e. Organizational Unit	t:							
Department Name:					Division Name:			
f. Name and contact i	information of pe	rson to b	oe contacted on ma	atte	rs involving this application	on:		
Prefix: Ms. Middle Name: Truji Suffix:	illo]	* First Name):	Debbie			
Title:								
Organizational Affiliation	n:							
* Telephone Number:	619-482-6388				Fax Number: 61	9-216-6692		
*Email: dtrujillo@	@swccd.edu							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Institution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	 1
* Other (specify):	
* 10. Name of Federal Agency:	
Small Business Administration	
11. Catalog of Federal Domestic Assistance Number:	
59.037	
CFDA Title:	
Small Business Development Center	
* 12. Funding Opportunity Number:	
OSBDC-2009-01	
* Title:	
Small Business Development Center	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
Veterans Assistance Program Proposal	
Attach supporting documents as specified in agency instructions.	
Add Attachments (Add Attachments) (Add Attachments)	

Application fo	or Federal Assistanc	e SF-424						Version 02
16. Congression	al Districts Of:							
* a. Applicant	51			* b.	Program/Proj	ect 49,53		
Attach an additiona	al list of Program/Project C	Congressional Districts if neede	ed.					
		Add Attachment	meje Africa	repent	Vis. 4 Adas	Advisent j		
17. Proposed Pro	oject:		-					
* a. Start Date: 0	9/15/2008				* b. End D	Date: 09/14/	2009	
18. Estimated Fu	inding (\$):						MARIN	W. A.
* a. Federal		99,573.00						
* b. Applicant		0.00						
* c. State		0.00						
* d. Local		0.00						
* e. Other		0.00						
* f. Program Incon	ne	0.00						
* g. TOTAL		99,573.00						
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process? X a. This application was made available to the State under the Executive Order 12372 Process for review on b. Program is subject to E.O. 12372 but has not been selected by the State for review. c. Program is not covered by E.O. 12372. * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)								
Yes	X No	Explanation						
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) X								
Authorized Representative:								
Prefix:		* First Name:	Linda					
Middle Name:			NA.					
* Last Name: Gi	lstrap							
Suffix:								
* Title: Dire	*Title: Director, Grants and Development							
* Telephone Numb	per: 619-482-6497			Fax Numl	per: 619-48	2-6530		
*Email: lgilst:	rap@swccd.edu							
* Signature of Auth	norized Representative:	Completed by Grants.gov upon sub-	mission.	* Date S	Signed: Con	npleted by Grants.g	ov upon submission.	

9.10			*	
SF 424 (R&R)	2. DATE SUBMITTE 08/28/2008	D	Applicant Identifier	
1. TYPE OF SUBMISSION	3. DATE RECEIVED	BY STATE	State Application Identifier	
O Pre-application	4. Federal Identifier DE-FG02-88ER4			
5. APPLICANT INFORMATION			* Organizatj6i	al DUNS:092530369
Legal Name: Regents of the University of California,	, Los Angeles		/	D.
Department:	Division:		/	MEON
* Street1: Office of Contract and Grant Administration	Street2: 11000 Kinros	ss Avenue, Suite 102	/	CEIL
City: Los Angeles	County: Los Angeles	County	* State: CA: California	SER
Province:	* Country: USA: UNIT	TED STATES	* ZIP / Postal Code: 90095	OEP 1 0 20
Person to be contacted on matters involving this appli	ication		STATA	RECEIVE SEP 1 0 2008 CLEATHING HOUS
Prefix: * First Name:	Middle Na	me: Last Nan	ne:	CLASHIEN.
Ms. Kristin		Lund		"IVG HOLL
* Phone Number: 310-794-0171	Fax Number: 310-943	3-1656	Email: doe@resadmin.ucla.edu	1008
6. * EMPLOYER IDENTIFICATION NUMBER (EIN) of 956006143	or (TIN):	7. * TYPE OF APPLICANT H: Public/State Controlled In	stitution of Higher Education	
8. TYPE OF APPLICATION: O New		Other (Specify):		
○ Resubmission	O Revision	Small	Business Organization Type O Socially and Econom	ically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGE	NCY:	
A. Increase Award B. Decrease Award O	C. Increase Duration	DOE		
O. D. Decrease Duration O. E. Other (specify):		10. CATALOG OF FEDERAL I	OOMESTIC ASSISTANCE NUME	BER:
* Is this application being submitted to other agencies What other Agencies?		TITLE: Office of Science Financial Assistance Program		
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJ UCLA Intermediate Energy Nuclear and Particle Phys	ics Research			
12. AREAS AFFECTED BY PROJECT (cities, count Los Angeles, CA	ties, states, etc.)	-		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRI	CTS OF:	
* Start Date * Ending Date		a. * Applicant	b. 7 Project	
02/01/2009 01/31/2012		CA-030	CA-030	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT			-	
Prefix: First Name:	Middle Nar		ie:	Suffix:
Dr. Bernard Position/Title: Professor	M	Nefkens		
Department: Physics and Astronomy		Regents of the University of Cali	tornia, Los Angeles	
* Street1: BOX 951547	Division:	••		
= 21 o	Street2: 5-136 Knudse	•000		
	County: Los Angeles		* State: CA: California	
Province:	* Country: USA: UNIT	CONTRACTOR AND	" ZIP / Postal Code: 90095-1547	
* Phone Number: 310-825-4970	Fax Number: 310-206	4397	Email: nefkens@physics.ucla.ed	tu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

a. * Total Estimated Project Funding \$1,598,256 b. * Total Federal & Non-Federal Funds \$1,598,256 c. * Estimated Program Income \$0.00	0.00 a. YES a. YES a. YES b. NO C	B. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO TSTATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 08/28/2008 B. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
18. By signing this application, I certify (1) to the and accurate to the best of my knowledge. I a award. I am aware that any false, fictitious, or Code, Title 18, Section 1001) 1 agree The list of carifications and assurences, or an Internet site who	ilso provide the required as fraudulent statements or c	surances " and agree to comply with any resu laims may subject me to criminal, civil, or adr	liting terms it i accept an			
19. Authorized Representative Prefix: First Name:	Middle Name:	* Last Name: Lund	Suffix:			
Ms. Kristin	Z Oversinstian Name: Dage					
* Position/Title: Grant Analyst	Division:	ents of the University of California, Los Angeles				
Department: Office of Contract & Grant Adm	Street2: 11000 Kinross Ave	mus Suits 102				
Street1; UCLA Office of Contract & Grant Adm		State: CA: California				
* City: Los Angeles	County: Los Angeles		'			
Province:	* Country: USA: UNITED S	TATES * ZIP / Postal Code: 90095-1406				
* Phone Number: 310-794-0171	Fax Number: 310-943-1656	* Email: ocga3@resea	arch.ucia.edu			
* Signature of Authorized Repre	sentative	• Date Signed				
Kristin Lund		08/28/2008				
20. Pre-application File Name: Mime Type:						
21. Attach an additional list of Project Congression	onal Districts if needed.					
File Name: AdditionalCongressionalDistricts10018	42124.pdf Mime Type: appli	cation/pdf				

)		
APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)	2. DATE SUBMITTI 09/10/2008	ED	Applicant Identifier	Applicant Identifier	
01 424 (1\alpha)\big	3. DATE RECEIVE	D BY STATE	State Application Ide	entifier	
1. TYPE OF SUBMISSION					
○ Pre-application	4. Federal Identifie DE-FG02-88ER4				
5. APPLICANT INFORMATION			" Org	anizational DUNS:092530369	
* Legal Name: Regents of the University of Califor	nia, Los Angeles				
Department:	Division:				
Street1: Office of Contract and Grant Administrat	ion Street2: 11000 Kinro	oss Avenue, Suite 10.	2		
* City: Los Angeles	County: Los Angeles	3 County	State: CA: California		
Province:	* Country: USA: UNI	TED STATES	" ZIP / Postal Code: 900	095	
Person to be contacted on matters involving this a	pplication	, , , , , , , , , , , , , , , , , , , 			
Prefix: "First Name:	Middle Na	ame:	* Last Name:	Suffix:	
Ms. Kristin			Lund		
Phone Number: 310-794-0171	Fax Number: 310-94	13-1656	Emall: doe@resadmin.u	ıcla.edu	
6.* EMPLOYER IDENTIFICATION NUMBER (EII) 956006143	V) or (TIN);	7. * TYPE OF APP H: Public/State	PLICANT Controlled Institution of Higher Educa	ation	
8. * TYPE OF APPLICATION: O New		Other (Specify):			
Resubmission Renewal Continuat	tion O Revision	O Women Owner	Small Business Organization Socially and	Type Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. " NAME OF FE			
A. Increase Award B. Decrease Award	O C. Increase Duration	DOE			
O D. Decrease Duration O E. Other (specify):		61.049	FEDERAL DOMESTIC ASSISTANCE	CE NUMBER:	
* Is this application being submitted to other agence What other Agencies?	ies? ○ Yes ● No	TITLE: Office of So	cience Financial Assistance Program		
11. DESCRIPTIVE TITLE OF APPLICANT'S PR Intermediate Energy and Relativistic Heavy Ion Gr	oup				
12. * AREAS AFFECTED BY PROJECT (cities, collos Angeles, CA and BNL, Upton, NY	ounties, stetes, etc.)			•	
13. PROPOSED PROJECT:		14. CONGRESSIO	INAL DISTRICTS OF:		
*Start Date *Ending Dat	8	a. * Applicant	b. * Project		
02/01/2009 01/31/2012		CA-030	CA-030		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIG					
Prefix; * First Name: Dr. Charles	Middle Na	ime;	₹ Last Name:	Suffix:	
Dr. Charles Position/Title: Professor	• • • • • • • • • • • • • • • • • • • •		Whitten		
Department: Physics and Astronomy	Division:	: Regents of the Univ	versity of California, Los Angeles		
* Street1: BOX 951547	Street2; 5-123B Knud	doom			
* City: Los Angeles	County: Los Angeles		V Sana-, CA, C-1151-		
Province:			* State: CA: California		
TOVING.	* Country: USA: UNIT	IED STALES	* ZIP / Postal Code; 90095-1547		
* Phone Number: 310-825-1691	Fax Number: 310-206	6-4897	* Fmail: whitten@nhvsic	* Fmail: whitten@nhysics ucla edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING	CESS?	LICATION SUBJECT TO REVIEW BY STATE EX THIS PREAPPLICATION/APPLICATION WAS	MADE AVAILABLE TO THE
a. * Total Estimated Project Funding \$2,681,63	1	STATE EXECUTIVE ORDER 12372 PROCES	S FOR REVIEW ON:
b. * Total Federal & Non-Federal Funds \$2,681,63	, - - ·	09/30/2008	
c. * Estimated Program Income \$0.00	b. NO	O PROGRAM IS NOT COVERED BY E.O. 12372	2; OR
		O PROGRAM HAS NOT BEEN SELECTED BY S	STATE FOR REVIEW
18. By signing this application, I certify (1) to the and accurate to the best of my knowledge, I award. I am aware that any false, fictitious, a Code, Title 18, Section 1001) • 1 agree • The list of certifications and assurances, or an internet site with the control of the	also provide the required or fraudulent statements o	assurances * and agree to comply with any res or claims may subject me to criminal, civil, or ac	culting terms if I accept an
19. Authorized Representative	- V		
Prefix: * First Name:	Middle Name		Suffix:
Ms. Kristin		Lund	
Position/Title: Grant Analyst	-	agents of the University of Callfornia, Los Angeles	
Department: Office of Contract & Grant Adm	Division:	A	
* Street1: UCLA Office of Contract & Grant Adm	Street2: 11000 Kinross	•	
* City: Los Angeles	County: Los Angeles	* State: CA; Californi	a
Province;	* Country: USA; UNITEI	O STATES * ZIP / Postal Code: 90095-1406	
▼ Phone Number: 310-794-0171	Fax Number: 310-943-1	656 * Email: ocga3@rese	earch.ucla.edu
* Signature of Authorized Rep	resentative	* Date Signed	l
Kristin Lund		09/10/2008	
		· · · · · · · · · · · · · · · · · · ·	
20. Pre-application File Name: Mime Type:			
21. Attach an additional list of Project Congress	ional Districts if needed.		
File Name: AdditionalCongressionalDistricts1001	842402 pdf Mime Type at	onlication/pdf	

APPLICATION FOR	<u>.</u>	2. DATE SUBMIT	TED	Applicant Iden	Version 7/03	
FEDERAL ASSISTANCE	L AGGIGTANGE		HANDIFALIK		Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVE	ED BY STATE	BY STATE State Application Identifier		
Construction	Construction	4. DATE RECEIVE	ED BY FEDERAL AGEN	CY Federal Identi	fier	
✓ Non-Construction	☐ Non-Construction	OR net				
5. APPLICANT INFORMATION Legal Name:	REC	FIVED	Organizational l	Init:	F	
Burbank Housing Development	4	/LIVLD	Department:	Jiiic.		
Organizational DUNS:	SEP	1 1 2008	Development Division:			
103427225			Name and false			
Address: Street:	STATE CL	EARING HOUSE		none number of pe oplication (give are	rson to be contacted on matters a code)	
790 Sonoma Ave			Prefix: Ms.	First Name:		
City: Santa Rosa			Middle Name	Liou		
County:			Last Name			
State:	Zin Code		Yoshida Suffix:			
CA	Zip Code 95404		CAL DIAMONES			
Country: USA			Email: lyoshida@burbar	nkhousing.org		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (g	ive area code)	Fax Number (give area code)	
94-2837785			707-526-1020 ex	t 288	707-526-9811	
8. TYPE OF APPLICATION:	Y900			LICANT: (See bac	k of form for Application Types)	
		tion Revision	Non-profit			
(See back of form for description			Other (specify)			
Other (specify)	L		9. NAME OF FED USDA RD	DERAL AGENCY:		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:	
TITLE (Name of Program):		10-42	homes.	Self-Help Homes; on the gradual section is self-Help Homes; on the gradual section is self-the gradual section in the gradual section is self-Help Homes; of the gradual section is self-Help Homes;	development of 34 mutual self-help	
12. AREAS AFFECTED BY PR	OJECT (Cities, Coun	ties, States, etc.):				
Sebastopol, Sonoma County, Ca	A					
13. PROPOSED PROJECT Start Date:	Ending Data:			ONAL DISTRICTS		
5/1/2009	Ending Date: 10/1/2010		a. Applicant First		b. Project First	
15. ESTIMATED FUNDING:			16. IS APPLICAT ORDER 12372 PF		REVIEW BY STATE EXECUTIVE	
a. Federal \$		482,000	a Vas III THIS	PREAPPLICATION	I/APPLICATION WAS MADE	
b. Applicant \$		462,000	AVAI	LABLE TO THE STA CESS FOR REVIEV	ATE EXECUTIVE ORDER 12372 V ON	
c. State \$		00	DATE			
			50 A65A-31 90			
d. Local \$.00	b. No. ITI PROG	GRAM IS NOT COV	ERED BY E. O. 12372	
e. Other \$.00		ROGRAM HAS NO	T BEEN SELECTED BY STATE	
f. Program Income \$.00			NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		482,000	☐ Yes If "Yes" at	ttach an explanation	. V No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY T	HE GOVERNING BOD	S APPLICATION/PREAP Y OF THE APPLICANT A	PPLICATION ARE T AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative	First Name		lnaiz	ddle Name		
Prefix Mr.	John					
Last Name Lowry				ffix		
b. Title Executive Director				Telephone Number 17-526-1020 ext 213		
d. Signature of Authorized Repre	sentative		e.	Date Signed 8/2008		
Previous Edition Usable Authorized for Local Reproductio	n /	\leq			Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR		2 DATE CUD	MITTED	, ,		undicent Iden	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBI				opplicant Iden	3
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECI	EIVED BY	STATE	8	State Applicati	ion Identifier
Construction	Construction	4. DATE RECI	EIVED BY	FEDERAL AGE	ENCY F	ederal Identif	fier
Non-Construction	☐ Non-Construction						
5. APPLICANT INFORMATION Legal Name:				Organizationa	al linit		
Burbank Housing Development	Corporation			Department:	ai Onit.		at the state of th
Organizational DUNS:				Development Division:		1112	
103427225	F	Manager of the State of the Sta		A 15 4 01 5 101			
Address: Street:	RECEI			involving this			rson to be contacted on matters a code)
790 Sonoma Ave		one famile		Prefix: Ms.		irst Name: isa	
City:	SEP 1 1	2008		Middle Name		-134	
Santa Rosa County:				Last Name Yoshida			•
Sonoma	STATE CLEARIN	VIG HOUSE		Yoshida Suffix:			
State: CA	95404	THE PERSON NAMED ASSESSMENT		Sullix.		8	
Country: USA				Email: lyoshida@burl	bankhous	ing.org	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			Phone Number			Fax Number (give area code)
9 4 - 2 8 3 7 7 8 5				707-526-1020	ext 288		707-526-9811
8. TYPE OF APPLICATION:		A Care - 12 - 45 (Care Wigness)		7. TYPE OF A	PPLICAN	T: (See back	of form for Application Types)
V New	· · · · · · · · · · · · · · · · · · ·	n Revis	ion	Non-profit	2		
If Revision, enter appropriate lette (See back of form for description				Other (specify)			
Other (specify)				9. NAME OF F	FEDERAL	AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:			TIVE TITL	E OF APPLIC	CANT'S PROJECT:
TITLE (Name of Program):		10-4	2 0	Hollyhock Mut homes. \$289,200 repre			levelopment of 34 mutual self-help t amount.
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	s, States, etc.):					
Sebastopol, Sonoma County, CA	Α						
13. PROPOSED PROJECT Start Date:	Ending Date:			a. Applicant	SSIONAL	DISTRICTS	DF: b. Project
5/1/2009	10/1/2010			First			First
15. ESTIMATED FUNDING:				16. IS APPLIC ORDER 12372			REVIEW BY STATE EXECUTIVE
a. Federal \$		402.000	0	a Ves IV TH	HIS PREA	PPLICATION	/APPLICATION WAS MADE
b. Applicant \$		482,000	0	AV		TO THE STA FOR REVIEW	ATE EXECUTIVE ORDER 12372 ON
c. State \$		06	0	6 150	ATE:		
		- 00				No a sa Pers	A CONTRACTOR OF THE CONTRACTOR
d. Local \$			o .	b. No. 🎵 PR	ROGRAM	IS NOT COV	ERED BY E. O. 12372
e. Other \$.00	0		R PROGR OR REVIE		F BEEN SELECTED BY STATE
f. Program Income \$			0				NT ON ANY FEDERAL DEBT?
g. TOTAL \$		482,000	0	☐ Yes If "Yes'	attach a	n explanation	. V No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY A ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING B					
a. Authorized Representative Prefix Mr.	First Name John				Middle Na	ame	
Last Name Lowry	<i>V</i>)				Suffix		
b. Title Executive Director							give area code)
d. Signature of Authorized Repres	sentative	***************************************			e. Date S 9/8/2008		-
Previous Edition (Sable				· · · · · · · · · · · · · · · · · · ·	31012008		Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction							Prescribed by OMB Circular A-102

Stephens Principal Investigator Position/Title: * Organization Name: General Atomics Department: Energy Division: Inertial Fusion Technology * Street1: 3550 General Atomics Court Street2:

* City: San Diego County: Province:

Dr.

Richard

* State: CA: Californ

* Country: JNITED ST * ZIP / Postal Code: 92121-1122 * Phone Number: 858-455-3863 Fax Number: * Email: rich.stephens@gat.com

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTION ORDER 12372 PROCESS?	IVE	
true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative	PROCESS FOR REVIEW ON: DATE: 09/11/2008 DATE: 09/11/2008			
19. Authorized Representative				
Prefix: * First Name:	Middle Name:	* Last Name:	Suffix:	
Ms. Ramona		Gompper		
* Position/Title: Senior Contract Admir	istrator * Organizat	tion: General Atomics		
Department: Contracts and Purchase	sing Division:			
* Street1: 3550 General Atomics	Court Street2:			
* City: San Diego	County:	* State: CA: Califon		
Province:	* Country: JNI	TED ST * ZIP / Postal Code: 92121-1122		
* Phone Number: 858-455-3057	Fax Number:	* Email: ramona.gompper@gat.com		
* Signature of Author Completed on submis		* Date Signed Completed on submission to Grants.gov		
20. Pre-application		Add Attendered (Control of the Section)	Wigners and	
21. Attach an additional list of Proje	ct Congressional Districts if n	eeded.		
districts.pdf	Dalet	Attachment View Attachment		

OMB Number: 4040-0001

Expiration Date: 04/30/2008

View Print Page 1 of 12





FTA

U.S. Department of Transportation

Federal Transit Administration

Application

Recipient ID:

5566

Recipient Name:

LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY

Project ID:

CA-90-Y685-00

Budget Number:

1 - Budget Pending Approval

Project Information:

Transit Enhancement FY2005 funds

Part 1: Recipient Information

Project Number:

CA-90-Y685-00

Recipient ID:

5566

Recipient Name:

LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY

Address:

ONE GATEWAY PLAZA, LOS ANGELES, CA 90012 2932

Telephone:

(213) 922-2459

Facsimile:

(213) 922-2476

Union Information

Recipient ID:	5566				
Union Name:	AFSCME				
Address 1:	514 Shatto Place, 3rd Floor				
Address 2:					
City:	LOS ANGELES, CA 90020 0000				
Contact Name:	CHERYL PARISI				
Telephone:	(213) 487-9887				
Facsimile:	(213) 487-9822				
E-mail:	cheryl@afscme36.org				
Website:	the control of the co				

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	

Recipient ID: 5566

Union Name: AFSCME

Address 1: 514 Shatto Place, 3rd Floor

Address 2:

City: LOS ANGELES, CA 90020

Contact Name: LINDA VILLEGAS-FIRTH

Telephone: (213) 487-9887 Facsimile: (213) 487-9822

E-mail: linda@afscme36.org

Website:

Recipient ID: 5566

Union Name: AFSCME

Address 1: 514 Shatto Place, 3rd Floor

Address 2:

City: LOS ANGELES, CA 90020

Contact Name: MARSHA STEINBERG

Telephone: (213) 487-9887

Facsimile: (213) 487-9822

E-mail: marsha@afscme36.org

Website:

Recipient ID: 5566

Union Name: TEAMSTERS, LOCAL 911

Address 1: 3888 CHERRY AVENUE

Address 2:

City: LONG BEACH, CA 90807

Contact Name: CHESTER MORDASINI

Telephone: (562) 595-4518

Facsimile: (562) 427-7298

E-mail: CMordasini@teamsters911.com

Website:

Recipient ID: 5566

Union Name: TEAMSTERS, LOCAL 911

Address 1: 3888 CHERRY AVENUE

Address 2:

City: LONG BEACH, CA 90807

Contact Name: WILLIAM DAVIS

Telephone: (562) 595-4518

Address 2:

City:

LOS ANGELES, CA 90012

Contact Name:

MICHAEL WINSTON

Telephone:

(213) 922-7324

Facsimile:

(213) 922-7088

E-mail:

olivianr1315@msn.com

Website:

Recipient ID:

5566

Union Name:

TRANSPORTATION COMMUNICATIONS UNION

Address 1:

ONE GATEWAY PLAZA, MS 99-11-13

Address 2:

City:

LOS ANGELES, CA 90012

Contact Name:

FREDDIE FLORES

Telephone:

(213) 922-7324

Facsimile:

(213) 922-7088

E-mail:

olivianr1315@msn.com

Website:

Recipient ID:

5566

Union Name:

TRANSPORTATION COMMUNICATIONS UNION

Address 1:

ONE GATEWAY PLAZA, MS 99-11-13

Address 2:

City:

LOS ANGELES, CA 90012

Contact Name:

LA VETTE WADE

Telephone:

(213) 922-7324

Facsimile:

(213) 922-7088

E-mail:

olivianr1315@msn.com

Website:

5566
UNITED TRANSPORTATION UNION
LOCAL 1608 (DIV. 8)
15999 CYPRESS AVENUE
IRWINDALE, CA 91706
AARON MONTGOMERY
(626) 962-9980
(626) 962-8079
UTUjaw@earthlink.net

Telephone:

(626) 962-9980

Facsimile:

(626) 962-8079

E-mail:

UTUjaw@earthlink.net

Website:

Recipient ID:

5566

Union Name:

UNITED TRANSPORTATION UNION

Address 1:

LOCAL 1565 (DIV. 7, 11, 15, 20

Address 2:

15999 CYPRESS AVENUE

City:

IRWINDALE, CA 91706

Contact Name:

TIM DEL CAMBRE

Telephone:

(626) 962-9980

Facsimile:

(626) 962-8079

E-mail:

UTUjaw@earthlink.net

Website:

Recipient ID:

5566

Union Name:

AMALGAMATED TRANSIT UNION

Address 1:

1744 NO. MAIN STREET

Address 2:

City:

LOS ANGELES, CA 90031 1315

Contact Name:

ADOLFO SOTO

Telephone:

(323) 222-1277

Facsimile:

(323) 222-1335

E-mail:

ASoto@atu1277.com

Website:

Recipient ID: Union Name:

5566

Address 1:

600 HARRISON STREET

AMALGAMATED TRANSIT UNION

Address 2:

SUITE 535

City:

SAN FRANCISCO, CA 94107

Contact Name:

WILLIAM FLYNN (415) 495-4949

Telephone:

Facsimile:

E-mail:

Website:

Recipient ID:

5566

Union Name:

AMALGAMATED TRANSIT UNION

Website:

Recipient ID:

5566

Union Name:

AMALGAMATED TRANSIT UNION

Address 1:

1744 NO. MAIN STREET

Address 2:

City:

LOS ANGELES, CA 90031

Contact Name:

DOUG KUROWSKI

Telephone:

(323) 222-1277

Facsimile:

(323) 222-1335

E-mail:

DKurowski@atu1277.com

Website:

Part 2: Project Information

Project Type:	Grant	Gross Project	\$1,500,000	
Project Number:	CA-90-Y685-00	Cost:	April 10	
Project Description:	Transit Enhancement FY2005	Adjustment Amt:	\$0	
Project Description.	funds	Total Eligible Cost:	\$1,500,000	
Recipient Type:	Transit Authority	Total FTA Amt:	\$1,200,000	
FTA Project Mgr:	Ray Tellis - 213.202.3956	Total State Amt:	\$0	
Recipient Contact:	Gladys Lowe - 213.922.2459	Total Local Amt:	\$300,000	
New/Amendment:	None Specified	Other Federal	\$0	
Amend Reason:	Initial Application	Amt:	A CALLER HERMAN AND A CALLER HERMAN AND A CALLER AND A CA	
and the hardingeness of the set o	the second secon	Special Cond Amt:	1 \$0	
Fed Dom Asst. #:	20507	i , sosman m	and the second	
Sec. of Statute:	5307-1	Special Condition:	None Specified	
State Appl. ID:	None Specified	S.C. Tgt. Date:	None Specified	
Start/End Date:	Oct. 01, 2008 - Jun. 30, 2010	S.C. Eff. Date:	None Specified	
Recvd. By State:	Sep. 08, 2008	Est. Oblig Date:	None Specified	
EO 12372 Rev:	YES	Pre-Award Authority?:	No	
Review Date:	Sep. 08, 2008	Fed. Debt	19-9-1	
Planning Grant?:	NO	Authority?:	No	
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 31, 2008	Final Budget?:	No	
Program Page:	1			
Application Type:	Electronic			
Supp. Agreement?:	Yes			

A copy of this application has been submitted to the State Office of Planning and Research and to the Southern California Association of Governments for their review and comment.

Funds requested in this application are included in the Transportation Improvement Program approved by the FTA and FHWA on July 31, 2008.

Transportation Development Act (TDA), State Transit Assistance (STA, and/or Prop. C 40% Discretionary funds will be used to match the federal funds. These funds are in the approved Metro Annual Budget.

The required FTA FY2008 Certifications and Assurances have been electronically filed in TEAM on November 28, 2007.

There are no pending Civil Rights issues affecting this grant application.

For information regarding the labor union list, please refer to the labor union section under our recipient profile in TEAM.

All DOL checklist items have been addressed within this application.

OTHER TRANSIT PROVIDERS

The following municipal operators/transit providers also operate fixed-route public transit service within the Metro's general service area:

City of Commerce Transit

Culver City Municipal Transit

Foothill Transit

Gardena Transit

La Mirada Transit

Long Beach Municipal Transit

Los Angeles DOT

Montebello Municipal Transit

Norwalk Transit

Santa Monica Big Blue Bus

Torrance Transit

Earmarks

No information found.

Security

No – We will not expend at least 1% of the 5307 funds in this grant application for security purposes.

3. Other, please describe below.

Explanation

Transit security will be on other grants.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE	And in the state of the state o	and the second s	
119-00 TRANSIT ENHANCEMENTS INTERMODAL	0	\$1,200,000.00	\$1,500,000.00

APPLICATION FOR		r			Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED September 9, 2008		Applicant Ider	ntifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
☑ Construction	☑ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
☐ Non-Construction	Non-Construction	7			
5. APPLICANT INFORMATION Legal Name:		RECEIVED	Organizational Un	it:	
City of Healdsburg, CA	P. C.	ILCEIVEL	Department:		
Organizational DUNS:		SEP. 1 2 2008	Public Works Division:		
09-7992291			Erigineering		
Address: Street:	S	TATE CLEARING HOUS	involving this app		rson to be contacted on matters a code)
401 Grove St Healdsburg CA 9	5//8-/723	TOUS	S Plefix:	First Name: Michael	
City:	0440 4720		Middle Name	Michael	
Healdsuburg County:			Thomas Last Name		
Sonoma	7:- 0-4-		Kirn		
State: California	Zip Code 95448-4723		Suffix:		
Country: USA			Email: mkirn@ci.healdsbu	rg.ca.us	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give		Fax Number (give area code)
94-6000347]		707-431-3333		707-431-2710
8. TYPE OF APPLICATION:			7. TYPE OF APPLI	CANT: (See bac	k of form for Application Types)
Mev		ion 🔲 Revision	Municipal		
If Revision, enter appropriate lett (See back of form for description	of letters.)		Other (specify)		
Other (specify)		Name of the second seco	9. NAME OF FEDE US Department of		
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTA	NCE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):		1 0 - 7 6 0	Healdsburg (CA) W Treated Wastewate		nent/Urban Reuse of Recycled
12. AREAS AFFECTED BY PR	A service of the serv	ies, States, etc.):			
City of Healdsburg, Sanoma Co	unty, CA		44 00110010010	IAL DIGTDIGTO	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	NAL DISTRICTS	b. Project
12/08	12/2012		CA 0001		CA 0001
15. ESTIMATED FUNDING:			ORDER 12372 PRO		REVIEW BY STATE EXECUTIVE
a. Federal \$		14,000,000	2 VAC 1/		VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		1,000,000		SS FOR REVIEV	
c. State \$		00	DATE:	September 9, 200	08
d. Local \$.00	b. No. 🔲 PROGE	RAM IS NOT COV	ERED BY E. O. 12372
e. Other \$	Managaran (Cumata), acada a ana a ana a ana a ana	.00	OR PR		T BEEN SELECTED BY STATE
f. Program Income \$.00	17. IS THE APPLIC		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		15,000,000 ·	Yes If "Yes" atta	ch an explanation	. 🔽 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY TH	E GOVERNING BODY OF '			
a. Authorized Representative Prefix	First Name		Midd	le Name	
Prefix Mr.	First Name Michael		Tho	mas	
Last Name Kirn b. Title			Suffi	we.	(citics area and a)
Public Works Director «	2		707-	lephone Number (431-3333	give area code)
d. Signature of Authorized Repre	sentative)			te Signed ember 8, 2008	Standard Farm 484 (B 8 8888)
Previous Edition Usable Authorized for Local Reproductio	n				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Application for	Federal Assis	stance SF-424		Version 02	
* 1. Type of Submiss	sion:	* 2. Type of Application:	" If Revision, select appropriate letter(s):		
Preapplication		☑ New		AND THE RESIDENCE OF THE PARTY	
Application		Continuation	* Other (Specity)	RECEIVED	
Changed/Correct	ed Application	Revision			
* 3. Date Received:		4. Applicant Identifier:		SEP 1 5 2000	
Completed by Grants.gov	ирол submission.			STATE CLEARING HOUSE	
5a. Federal Entity Ide	entifler:		*5b. Federal Award Identifier:		
State Use Only:	The second secon				
6. Date Received by	State:	7. State Application	n Identifier:		
8. APPLICANT INFO	ORMATION:				
* a. Legal Name: S	outhern California	Coastal Water Research Part	nership		
* b. Employer/Taxpa	yer Identification N	lumbër (EIN/TIN):	* c. Organizational DUNS:		
95-2646053			077244135		
d. Address:		- 000 () 11 (0	A COLOR COLO		
* Street1:	3535 Harbor Blvd	1., Suile 110			
Street2:		•			
* City:	Costa Mesa				
County:				·	
Y State:			CA: California		
Province:		11 1 11			
* Country:			JSA: UNITED STATES		
* Zip / Postal Code:	92626-1437				
e. Organizational U	Jnit:				
Department Name:			Division Name:		
Watersheds			NA		
f. Name and contac	t information of	person to be contacted on	matters involving this application:		
Prefix; Dr.	1 IX	* First Nam	e: Steven		
Middle Name:					
" Last Name: Weis	berg				
Suffix:					
Title: Executive Dire	ector				
Organizational Affiliat	ilon:				
Southern California C	Coastal Water Rese	earch Partnership			
* Telephone Number:	714-755-3203		Fax Number: 714-755-32	99	
Y Email: stevew@s	sccwrp.org				

9. Type of Applicant 1: Select Applicant Type: X: Other (specify) Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: * Other (specify): Joint Powers Authority (JPA) * 10. Name of Federal Agency: Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number: 65.461 CFDA Title: Regional Welland Program Development Grants	
Type of Applicant 2: Select Applicant Type: Type of Applicant 3: Select Applicant Type: Other (specify): Joint Powers Authority (JPA) * 10. Name of Federal Agency: Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number: 65.461 CFDA Title:	·
Type of Applicant 3: Select Applicant Type: * Other (specify): Joint Powers Authority (JPA) * 10. Name of Federal Agency: Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number: 65.461 CFDA Title:	
Other (specify): Joint Powers Authority (JPA) 10. Name of Federal Agency: Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number: 65.461 CFDA Title:	·
Joint Powers Authority (JPA) * 10. Name of Federal Agency: Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number: 65.461 CFDA Title:	
* 10. Name of Federal Agency: Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number: 65.461 CFDA Title:	
Environmental Protection Agency 11. Catalog of Federal Domestic Assistance Number: 65.461 CFDA Title:	
11. Catalog of Federal Domestic Assistance Number: 65.461 CFDA Title;	
65.461 CFDA Title:	
CFDA Title;	
Regional Welland Program Davalopment Grants	
* 12. Funding Opportunity Number:	
EPA-R9-WP8	
* Title:	
Region 9 Wetland Program Development Grants	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
California	
* 15. Descriptive Title of Applicant's Project:	
Development of a Statewide Network of Reference Wetlands for California	
Attach supporting documents as specified in agency instructions.	

16. Congressional			Version (
	Districts Of:		
a. Applicant C	CA-046		b. Program/Project CA-01
Attach an additions	al list of Program/Projec	t Congressional Districts if r	needed.
		illea	oto Altachment View Atlactment
17. Proposed Pro	ject:		
* a. Start Date: 10	0/01/2008		* b. End Date: 04/20/2011
18. Estimated Fun	nding (\$):		
a. Federal	,,	0.00	
* b. Applicant		295,159.00	
* c. State		0.00	
* d. Local		0.00	
* e. Other		0.00	
*f. Program Incom	ne	98,386.00	
g. TOTAL		393,545.00	•
* 20. Is the Applic	BIIL DBIIIIQUBIIL ÇII AI		
21. *By signing th	No Is application, I certifi	laneuce	ntained in the list of certifications** and (2) that the statements
21. *By signing the herein are true, comply with any remay subject me to	Is application, I certification is application in the complete and accurate resulting terms if I ac	y (1) to the statements con to the best of my knowle cept an award. I am award	
21. *By signing the herein are true, comply with any remay subject me to	Is application, I certification, I certification, I certification, I certification and accurate resulting terms if I according terms if I according terms if I according terms if I according terms in a certification and according terms in a certification and according terms in a certification and according to the certification and	y (1) to the statements col to the best of my knowle cept an award. I am award ministrative penalties. (U	ntained in the list of certifications** and (2) that the statements adge. I also provide the required assurances** and agree to a that any false, fictitious, or fraudulent statements or claims I.S. Code, Title 216, Section 1001)
21. *By signing the herein are true, comply with any remay subject me to	Is application, I certification, I certification, I certification, I certification, I certification and accurate certifications and assurances	y (1) to the statements col to the best of my knowle cept an award. I am award ministrative penalties. (U	ntained in the list of certifications** and (2) that the statements idge. I also provide the required assurances** and agree to e that any false, fictitious, or fraudulent statements or claims
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21. *By signing the herein are true, co-comply with any remay subject mate. ** I AGREE ** The list of certific specific instructions Authorized Representations Authorized Name: ** Last Name: Wes	Is application, I certification, I certification, I certification, I certification, I certification, I certifications and accurate cations and assurances s. sentative:	y (1) to the statements conto the best of my knowled cept an award. I am award ministrative penalties. (U	Intained in the list of certifications** and (2) that the statements indge. I also provide the required assurances** and agree to be that any false, fictitious, or fraudulent statements or claims it.S. Code, Title 218, Section 1001) Du may obtain this list, is contained in the announcement or agency
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21. *By signing the herein are true, comply with any remay subject mate. ** I AGREE ** The list of certific specific instructions Authorized Representations Authorized Name: ** Last Name: We Suffix: ** Title: Executive ** Telephone Number	Is application, I certification, I certification, I certification, I certification, I certification, I certification and accurate resulting terms if I accordinal, civil, or advantations and assurances s. sentative:	y (1) to the statements conto the best of my knowled cept an award. I am award ministrative penalties. (U	intained in the list of certifications** and (2) that the statements adge. I also provide the required assurances** and agree to e that any false, fictitious, or fraudulent statements or claims I.S. Code, Title 218, Section 1001) but may obtain this list, is contained in the announcement or agency Steven

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102